

This form may be completed online, printed and mailed to the address listed below.

**STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
301 CENTENNIAL MALL SOUTH, PO BOX 94986
LINCOLN, NE 68509-4986**

REQUEST FOR REISSUANCE OF LICENSE OR CERTIFICATION DOCUMENTS

Name	First	Middle	Maiden	Last
Address	Street/PO/Route			
	City	State	Zip	
Date of Birth (Month/Day/Year)				
Profession			License Number	

I hereby request reissuance of the following license/certification document(s):

Document Name

Number of Documents Requested

Check all that apply:

- ☐ wallet card
☐ wall license
☐ wall certification

Reason(s) for requesting that license/certification document(s) be reissued:

- Check one: ☐ replacement of original document due to loss, mutilation, or destruction
☐ replacement of document due to name change
☐ other (specify) _____

NOTE: YOU MUST SUBMIT \$10.00 FOR EACH REISSUED DOCUMENT REQUESTED.

ATTACHED IS THE FOLLOWING TYPE OF PROOF OF IDENTITY:

- Check one: ☐ copy of current driver's license showing photograph and signature
☐ copy of birth certificate or other legal court documents verifying name change
☐ copy of passport showing photograph and signature
☐ other (specify) _____

State of _____) County of _____)

Affiant, _____, hereby solemnly swear that the foregoing statements are true and correct and the documents attached are true copies of original documents. Dated this ____ day of _____ of 20____.

Signature of Licensee: _____